

CLINICAL ASSESSMENT ADDENDUM – ASSAULTIVE BEHAVIOR

INSTRUCTIONS: Complete blanks and check as many as apply in each category.

Date of last
incident:

Number of assaultive incidents in past year: ☐ 0-6 ☐ 7-12 ☐ 13+

Assaultive Behavior Directed Toward

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Family/Relatives | <input type="checkbox"/> Authority figures | <input type="checkbox"/> Clinical staff | <input type="checkbox"/> Other clients |
| <input type="checkbox"/> Roommate(s) | <input type="checkbox"/> Bystanders | <input type="checkbox"/> Peers | <input type="checkbox"/> Passive peers |
| <input type="checkbox"/> Males | <input type="checkbox"/> Females | | <input type="checkbox"/> Physically smaller individuals |
| <input type="checkbox"/> Other | | | |

Location of Assaultive Behavior

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> School | <input type="checkbox"/> Neighborhood/Community |
| <input type="checkbox"/> Board & Care | <input type="checkbox"/> Psychiatric hospital | <input type="checkbox"/> Juvenile Hall | |
| <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Other: _____ | | |

Types of Assaultive Behavior

- ☐ Weapons Types:
- ☐ Physical violence (without use of weapons)
- ☐ Throws objects
- ☐ Other:

Possible Reasons (based on clinical history) for Assaultive Behavior

- | | | |
|--|---|--|
| <input type="checkbox"/> Paranoia | <input type="checkbox"/> Anger | <input type="checkbox"/> Revenge |
| <input type="checkbox"/> Monetary gain (e.g. robbery) | <input type="checkbox"/> Poor impulse control | <input type="checkbox"/> Low frustration tolerance |
| <input type="checkbox"/> Substance abuse/use: | <input type="checkbox"/> Intimidation (of others) | |
| <input type="checkbox"/> Responding to auditory hallucinations | <input type="checkbox"/> Reaction to medications | |
| <input type="checkbox"/> Other | | |

SIGNATURE: _____ PRINTED NAME: _____ DATE _____

CLINICAL ASSESSMENT
AB2726 ASSAULTIVE BEHAVIOR ADDENDUM

Confidential Patient Information
See W&I Code 5328

NAME:
CHART NO:
DOB:
PROGRAM: